PINTENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998

dication or Docket Number

| CLAIMS AS FILED - PART I | | | | | | | | | SMALL | ENTITY | | OTHER | THAN |
|---|---|------------|---------------------------------|---------------|----------|--|------------------|-------|---------------------|------------------------|---|---------------------|------------------------|
| | | | (Column 1) | | | (Column 2) | | | TYPE | | OŖ | SMALL ENTITY | |
| FOR | | NUMBE | ER FILED | : | NUMBER I | EXTRA | | RATE | FEE | 1 | RATE | FEE | |
| BASIC FEE | | | | | | | | | | 380.00 | OR | | 760.00 |
| TOTAL CLAIMS | | | | minus | 20= | • | | | X\$ 9= | ; . | OR | X\$.18= | |
| INDEPENDENT CLAIMS | | | minus 3 = | | 3 = | • | | | X39= | | OR | X78= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +130= | | OR | +260= | | |
| * If the difference in column 1 is less than zero, enter *0" in column 2 | | | | | | | i | TOTAL | | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | | | ENTITY | OR | OTHER SMALL | |
| AMENDMENTA | | REM. AF | AIMS AINING TER IDMENT | | Pi | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL |
| MON | Total | . 5 | 35 | Minus | 24 | 77 | ε . | | X\$ 9= | | OR | X\$18≞ | |
| AME | Independent | • | <u> </u> | Minus | *** | | = | | X39= | | OR | 7X78≡ _ | |
| | FIRST PRESE | NIAIIC | N OF M | JLTIPLE DE | PENL | DENT CLAIM | | į | +130= | | OR | +260= | |
| | | | | | | | | | TOTAL ADDIT, FEE | 177.4 | | TOTAL | ## 15 % |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | 4 14 VX | \$12.X | |
| AMENDMENT B | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | REM | AIMS AINING TER IDMENT | | Pf | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | 1. S. | RATE | ADDI- TIONAL FEE |
| | Total | • 2 | 35 | Minus | ** | 7/ | = <i>}</i> · | | X\$ 9= | 1 | OR | X\$18= | 1 |
| | Independent | * | 1 | Minus | , 444 | | = / · | | X39= | Ţ | OR | X78= | 1. |
| | FIRST PRESE | NIAIIC | N OF M | JLIPLE DE | PENL | DENT CLAIM | | | +130= | | OR | +260= | |
| | | • | | • | | | | , | TOTAL | | OR | TOTAL ADDIT. FEE | |
| Ŀ | | | | | | | | | | | | | |
| AMENDMENT C | | REM. AF | AIMS AINING TER IDMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE- | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | _ | Minus | ** | | | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | • | Minus | *** | | • | | X39= | | | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 1 | ~35 | | OR | 7/0- | |
| ۱., | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | • | OR | +260= | |
| M If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT, FEE | | | | | | | | | | | | | |
| . : | The "Highest Num | ber Prev | riously Pai | d For Motal o | r Indei | nendent) is the | hichest numbe | r fou | nd in the and | roorlate bo | in col | umo 1 | (|